

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091964849 FILING DATE

APPLICANT(S)

6113105 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		1			
4		3			
5		3			
6		2			
7		3			
8		1			
9		2			
10		2			
11		3			
12		3			
13		3			
14		3			
15		1			
16		1			
17		3			
18		1			
19		3			
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49					
50					
TOTAL IND.		3			
TOTAL DEP.		101			
TOTAL CLAIMS		64			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL DEP.								
TOTAL CLAIMS								

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